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PTO/SB/05 (4/98)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	203,818
	First Inventor or Application Identifier	Peter J. JONES
	Title	PYROLYTIC OIL-PRODUCTIVITY INDEX METHOD
	Express Mail Label No.	EK051386380US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 40] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. 17 Drawing(s) (35 U.S.C. 113) [Total Sheets 17]	ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none">7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)9. <input type="checkbox"/> English Translation Document (if applicable)10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]11. <input type="checkbox"/> Preliminary Amendment12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12)14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)15. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy) - UNSIGNEDb. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____
Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label [] or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>					
Name	ABELMAN FRAYNE & SCHWAB Attorneys at Law				
Address	150 East 42nd Street New York, NY 10017				
City	State	Zip Code			
Country	Telephone	(212) 949-9022	Fax	(212) 949-9190	

Name (Print/Type)	Thomas E. Spath	Registration No. (Attorney/Agent)	25,928
Signature	<i>Thomas E. Spath</i>	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 1999</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td style="text-align: center;">23 MAY 2000</td> </tr> <tr> <td>First Named Inventor</td> <td style="text-align: center;">Peter J. JONES</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td style="text-align: center;">203,818</td> </tr> </table>		Application Number		Filing Date	23 MAY 2000	First Named Inventor	Peter J. JONES	Examiner Name		Group / Art Unit		Attorney Docket No.	203,818
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TOTAL AMOUNT OF PAYMENT		(\$) 1,140.00													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 01-0035</p> <p>Deposit Account Name: ABELMAN, FRAYNE & SCHWAB</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 760</td> <td>201 380</td> <td>Utility filing fee</td> <td style="text-align: center;">690.00</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 760</td> <td>208 380</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: center;">(\$)690.00</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <p>Total Claims 32 - 20** = 12 x 18 = 216.00</p> <p>Independent Claims 6 - 3** = 3 x 78 = 234.00</p> <p>Multiple Dependent x = </p> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$)450.00</td> </tr> </tbody> </table>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 760	201 380	Utility filing fee	690.00	106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 760	208 380	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$)690.00	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim, if not paid		109 78	209 39	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$)450.00	<p>3. 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Signature	<i>Thomas E. Spath</i>	Telephone	(212) 949-9022
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